

MEMORANDUM

DATE:

FROM: Ron C. Wood, Co-Chair, ISAC

SUBJECT: ISAC INFORMATIONAL REPORT

TO: Don Davis, Chair, ELG
Kathleen R. Annette, Bemidji
John Hubbard, AD, Navajo Area
Margo D. Kerrigan, AD, California Area
Robert G. McSwain, OMS, IHS
Gary J. Hartz, DFEE, IHS
Rebecca Loving, RN, Oklahoma Area
Richard Huff, Aberdeen Area
Richard R. Truitt, Phoenix Area

This brief report is being provided in response to a request from Don Davis for an ISAC Report to the ELG. The ISAC has organized itself into a functioning entity this past meeting, July 19, 1999, and as work products are produced by the ISAC, they will be shared with the IHS Director, ELG, Area Directors, IHLC and other groups as appropriate. The ISAC is appreciative of the support of the ELG and IHLC and acutely aware that the success of the Agency IT program can only occur with the support of IHS upper management as well as clinical involvement and support.

/s/ Ron C. Wood

Ron C. Wood, Co-Chair
Information Systems Advisory Committee (ISAC)

Attachment(s): Membership Listing
July 19, 1999 ISAC Meeting Minutes

cc: Luana Reyes, DHO, IHS
ISAC Members

Background

The IHS as an agency established an Information Systems Advisory Committee (ISAC) back in the mid-1980's and this group functioned into the early 1990s. Due to retirements and other reasons, the group ceased to function. The Executive Officers and ISCs as well as other groups have advocated for an ISAC re-formation for several years and over the past few years, the Information Technology (IT) issue became a priority issue for the Agency and resulted in the formation of an Information Systems Workgroup (ISW) chaired by Keith Longie of Phoenix Area IHS in the Summer of 1998. The ISW met during the Summer/Fall of 1998, and a summary of the recommendations of the ISW follows:

- 1) Complete simplified negotiations guide
- 2) Expand IRM Strategic Plan to include I/T/U
- 3) ISAC develop uniform data set
- 4) Promote integration of clinical and fiscal data
- 5) Promote greater upper management IRM involvement
- 6) Promote enhanced Business Office functioning
- 7) Recommend approval of ISAC Charter

ISAC Formation / Meetings

In December, 1998, Dr. Michael Trujillo solicited names for membership on a new ISAC. Membership was finalized and an organizational meeting was held for one day on March 1, 1999. A second meeting of the ISAC was held on April 6 and 7, 1999. The first meeting was organizational, and the second meeting was informational. A third meeting was scheduled to coincide with the ISC meeting in Alaska in mid-May but was cancelled primarily due to Agency Y2K constraints. The third meeting of the ISAC was finally held on July 19, 1999 and will be reported in more detail later in this report. A membership listing is attached as well as the 7/19/99 draft meeting minutes.

IHS IRM Strategic Plan

The ISAC membership has reviewed its Charter and made slight revisions to the document. The IHS IRM Strategic Plan has been discussed by the ISAC, and the ISAC decided to turf out the review of this document to the Policy, Procedure, and Planning (PPP) workgroup chaired by Mike Danielson (Billings Area). The PPP workgroup has had two teleconferences, and they are planning to:

- 1) Redraft portions of the IHS IRM Strategic Plan (with ITU input)
- 2) Develop a technical plan to augment the IRM Plan
- 3) Develop an annual operational plan to augment IRM Plan
- 4) Develop an administrative tracking plan to monitor IRM project progress

The ISAC as a group is very aware of the need for a systematic approach to developing Agency policy recommendations, and has a good representative group of technical, administrative and clinical staff to get the required input as well as the I/T/U perspective.

ISAC Plan of Work / Priorities

The ISAC members are very aware of the need to focus on strategic/policy issues of the Agency and not get mired in day-to-day tactical/operation issues. This is consistent with the charge given to the ISAC.

The collective concern of the ISAC members is that there are a number of crisis-type issues facing the Agency at the present and some key Agency decisions need to be made in the near future. The ISAC sees itself as the representative I/T/U group that will make recommendations to Dr. Trujillo, as well as to the ELG and IHLC.

The ISAC plan is to meet and formulate Agency policy recommendations on an accelerated basis during the first year of its operation and then after some key policy issues are resolved, a more sustainable quarterly (or less) meeting schedule will be maintained thereafter. At the 7/19/99 meeting, the ISAC group reviewed its Charter and also brainstormed all the topics that its members felt needed to be addressed. Out of the brainstorming topics, the topics were consolidated into four main groupings, which have become workgroups. The workgroups will meet between ISAC meetings and bring their workgroup recommendations to the full ISAC at its next regularly scheduled meeting for review and finalization as an ISAC recommendation to the Director, ELG, and IHLC.

The four workgroups that have been formed are:

- 1) Data Issues-Facilitator: Seh Welch
- 2) IT Architecture-Facilitator: Don Kashaveroff
- 3) Communications/Collaboration-Facilitator: Susan Dahl
- 4) Policy Procedure Planning-Facilitator: Mike Danielson

Each workgroup has about a half dozen ISAC members on it, and the workgroup can invite subject experts to join their workgroup. A good example of how this will work is that I expect that the Data Issues workgroup will ask for a briefing from the Public Health Workgroup who addressed the issue of data collection/quality in their final report that was submitted to the ELG in July, 1999.

Please see the July 19, 1999 ISAC meeting minutes for more detail on workgroup formation and topics to be addressed. These workgroups are already meeting via teleconference.

ISAC Proposed Budget

The ISAC has had its first three meetings in Albuquerque which has been very convenient for some ISAC members, but the group consensus is that the meetings should be rotated to easily accessible areas nationwide to ease the travel burden amongst all members. While the budget estimate is still preliminary, the ISAC anticipates that the Year One costs will be higher due to the need for more frequent meetings of the ISAC and its workgroups to address some pressing agency issues in the short term. The Year Two costs will be less and will be more reflective of what the sustained operating cost of an ISAC would be in the long term.

ISAC Meeting Costs

YEAR ONE COSTS

4 quarterly ISAC meetings		
17 members x \$ 800 (avg) each x 4 =	\$	54,400
4 workgroup meetings		
10 members x \$800 (avg) x 4 =	\$	32,000
Administrative Support (minute taking, copying, conference calls, etc)		
8 meetings x \$1000/mtg =	\$	8,000
YEAR ONE TOTAL	\$	94,400

YEAR TWO COSTS

4 quarterly ISAC meetings		
17 members x \$ 800 (avg) each x 4 =	\$	54,400
1 special ISAC meeting (contingency)		
17 members x \$ 800 (avg) each =	\$	13,600
Administrative Support (minute taking, copying, conference calls, etc		
5 meetings x \$1000/meeting =	\$	5,000
YEAR TWO TOTAL	\$	73,000

Meeting costs include travel, lodging, and per diem only. Travel costs vary widely with a range from \$700 to \$1,900 per person per meeting. Cost estimates are approximate and will be refined further as budget history is developed. Meeting locations are listed in the 7/19/99 meeting minutes.

Summary

On behalf of the ISAC, I would like to thank the ELG, IHLC, and the Director of Headquarters Operations for their interest and support in this crucial area of Agency IT infrastructure development. As we progress into the next millenium, we will become more dependent on our IT systems for patient management as well as revenue collection, and the time to provide Agency direction is now if not yesterday.

The ISAC is off to a good start at this point in time and has planned out its meeting schedule for the next year. The October, 1999 meeting, will produce some ISAC policy

recommendations which will be shared with Dr. Trujillo, Ms. Reyes, the ELG, and the IHLC. The ISAC membership is a very motivated group that is very knowledgeable in their respective areas, and they are committed to providing the best policy guidance recommendations possible to the Agency. This report was prepared by Ron C. Wood, ISAC Co-Chair, and ISAC member input was very limited. Any errors or omissions are entirely the fault of the author.

For more information about the ISAC, the ISAC Web Site can be accessed at the following address: <http://www.forum.ihs.gov/~isac>

ISAC Membership

Richard M. Church, IHS/OMS/DIR
Chris Kinney, IHS/OPH/DFEE
Ron Wood, Navajo Area IHS
Jim Roberts, NIHB
Joe Moran, TSGAC
Seh Welch, NCUIH
Don Kashaveroff, Cash Enterprises, AK
Dawn McCusker, Great Lakes Inter-Tribe Council
Thomas Danielson, Billings Area IHS
Molin Malicay, Sonoma County Indian Health
Floyd Dennis, Nashville Area IHS
Dr. Susie John, Tuba City Indian Medical Center
Jerry Shanks, Claremore IH
Keith Longie, Phoenix Area IHS
Carolyn Johnson, Warm Springs H&W Ctr
Jaloo Zelonis, Billings Area IHS
Vacancy – ISAC recommendation to Dr. Trujillo to fill with a tribal clinician representative.